

Office of Administration
Commissioner's Office
 Contract Period July 1, 2015 – June 30, 2016
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Bethany Christian Services of Missouri

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 5/17/2016

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2/3/2017	Feb Car Insurance	\$99.99	Clients works full time but is currently on leave after having her son in December via c-section. She does not have paid maternity leave and needs assistance paying her car insurance. [REDACTED] has maintained her job at Steak n Shake for 7 years and is a very hard worker. She has been committed to her involvement in the A2A program and has been enrolled since May 2016. She has needed very little assistance prior to having her baby and no income coming in due to being on leave. There are no other funding sources available in the area to help with this need.
Amt to be reimbursed		\$99.99	

Authorized person requesting purchase: Aimee Travers Date: 2/2/2017

Alliance for Life Program Manager: Marsha Middleton Date _____

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____



State Farm Payment Plan
PO Box 44110
Jacksonville FL 32231-4110

Notice of Payment Due

State Farm Payment Plan
Accountholder Name:

Total Amount Due:
Due By:

\$99.99

UPON RECEIPT

Agent Jim Webster
9883 St Charles Rk Rd
Saint Ann MO 63074-2017
Phone: 314-428-3800

Important Information

- State Farm cares about the security of your information. We have recently enhanced how customers are verified. You may be asked new questions to verify your identity when you access your account online or call into our contact center.
- This notice is for premium that would normally be due JAN 28, 2017.
- Changes and payments made after January 18, 2017 will be reflected on a subsequent billing notice.
- If you have any questions or would like to discuss other State Farm products, your agent is ready to assist you.

Thanks for letting us serve you!

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Prepared January 18, 2017

FPP Account 1120-2905-14

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Our Way



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PC or
mobile devices



Mobile
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Pocket Agent app



Mall
Send us
a check



Call your Agent: 314-428-3800
Automated Line: 1-800-440-0998
Key code: 5448121055



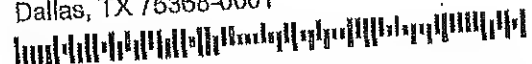
Walk In
See your
State Farm Agent

If you have moved, please contact your agent.

Amount Due: \$99.99

Please pay **UPON RECEIPT**
Make payment to State Farm

Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



SFPP Bill

\$99.99

0318

For Office Use Only

Account Summary

Last Amount Billed	\$99.99
Last Amount Paid JAN 18, 2017	-99.99
Difference	0.00
Current Installment	96.99
Premium Installment Charge	3.00
Total Amount Due Upon Receipt	\$99.99

Policy Details

Policy Number	Description	Installment & Current Charges	Amount
[REDACTED]	[REDACTED]	▶ Monthly Installment	\$96.99

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.